

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09281

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County.....

Somerset

City or town.....

Briarfield (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

9 years

Hospital, Institution, or street address where death occurred:.....

How long in hospital or Institution?.....

## 3. (a) FULL NAME

Charlotte Virginia Barkley

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F/m Col Widower

8. (b) Name of husband or wife.....

Juliaus E Barkley

7. Birth date of

deceased (mo., day, yr.)

Mar 1 1876 1876

6. (c) If alive, give age..... years

8. AGE:

Years  
70Months  
7Days  
1

If less than one day

hrs. .... min.

9. Birthplace.....

Allen MD (Town, county, and state)

10. Usual occupation.....

House Work

11. Industry or business

12. Name.....

John H Noble

13. Birthplace.....

Allen Wicomico Co

MOTHER FATHER

14. Maiden name.....

Sarah E Berthe

15. Birthplace.....

Mountvenerne Somerset Co

16. Informant.....

Margret Hughes Hainswright

Address.....

Tuskin MD Oct 15 1946

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Allen

Location.....

Allen MD

18. Funeral director.....

Chas H Ward

Address.....

Marion MD

19. (Date received by registrar)

9/3/46

G.E. Gandy

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Somerset

City or town.....

Briarfield (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

Sept 2

1946 at 4 a.m.

21. I CERTIFY that death occurred on the date above stated; that deceased was released from Aug 31 1946 Sept 2 1946

and that I last saw him alive on Sept 2 1946

Immediate cause of death Coronary occlusion

Due to Cardio-vascular disease

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Date signed.....

Crisfield Sept 2/46

SEARCHED

OCT 4 1946

BUREAU V/S

Evidence for change of age

of deceased is shown on

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

B34

09282

No. 107 SEP 16 1946

## CERTIFICATE OF DEATH

Reg. Dlat. No. 260

## 1. PLACE OF DEATH:

County... *Somerset*City or town... *Princess Anne Md.*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or Institution?.....

## 3. (a) FULL NAME

*Sara Ann Burereton*

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

*Female**White**widowed*

6.(b) Name of husband or wife.....

7. Birth date of

deceased (mo., day, yr.)

*Dec. 8, 1854*

8. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

It less than one day

*92 91 - - hrs. min.*

9. Birthplace

*Princess Anne Somerset Co.*

(Town, county, and state)

10. Usual occupation

*Housewife*

11. Industry or business

12. Name

*John P. Lambford*

13. Birthplace

*Somerset Co.*

14. Maiden name

*Mary Grace White*

15. Birthplace

*Somerset Co.*

16. Informant

*Margaret Burereton*

Address

*Princess Anne Md.*

17. Burial

Date thereof... *Sept 3, 1946*

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

*Methodist Cemetery*

Location

*Princess Anne Md.*

18. Funeral director

*Charles Daile*

Address

*Princess Anne Md.*

19. (Date rec'd by registrar)

*9/2 46 R. J. Johnson M.D.**Reg. Dlat. No. 260 Date signed 9/1/46*

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... *Md.*County... *Somerset*City or town... *Princess Anne Md.*

(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

*none*

## 3. (b) Social Security Number

*none*

## MEDICAL CERTIFICATION

20. DATE OF DEATH

*Sept 1, 1946 at 3:00 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death..... *arteriosclerosis* DURATION*old age and illness*

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

Injured at work? .....

23. SIGNATURE

Dr. Finch

M. D. or other

Address

Date signed 9/1/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 44B

## CERTIFICATE OF DEATH

09283

Reg. Dist. No. 260

1. PLACE OF DEATH:  
 County... *Somersett*  
 City or town... *Renelle Neck*  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME  
*Penetta Boyman*

4. Sex *Female* 5. Color or race *White* 6.(a) Single, married, widowed, or divorced *Married*

6.(b) Name of husband or wife *William Boyman*

7. Birth date of deceased (mo., day, yr.) *Feb 11, 1898* 6.(c) If alive, give age *79* years

8. AGE: Years *48* Months  Days  Less than one day

9. Birthplace *Shady Side Amherst Md.*  
 (Town, county, and state)

10. Usual occupation *Housewife.*

11. Industry or business *Charles Carson*

12. Name *Charles Carson*

13. Birthplace *Shady Side Md.*

14. Maiden name *Sophie Ballou*

15. Birthplace *Shady Side Md.*

16. Informant *Mr. William Boyman*

Post office *Renelle Neck Md.*

Burial *Princess Anne Md.*

(Burial, cremation, or removal. Which?) *Presbyterian Cemetery*

Cemetery or cemetery *Princess Anne Md.*

Location *Charles D'Askeell*

18. Funeral director *Charles D'Askeell*

Address *Princess Anne Md.*

Sept. 25, 1946 Date rec'd by registrar

Registrar *K. J. Johnson M.*

2. USUAL RESIDENCE (HOME) OF DECEASED  
 (For newborn infants give residence of mother)  
 State... *Maryland* County... *Somersett*  
 City or town... *Renelle Neck Md.*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. *Westover - post office*  
 (If rural, give LOCATION)

2.(a) If veteran, name war *none*

3. (b) Social Security Number *none*

## MEDICAL CERTIFICATION

2D. DATE OF DEATH *Sept 24* 1946 at 8:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*July 2* 1946 to *Sept 24* 1946

and that I last saw h. *alive* on *Sept 24* 1946

Immediate cause of death *Medicine Disease*

DURATION *2 yrs*

Due to.....

Due to.....

Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE *Frank Matus* M. D. or other

Address *Princess Anne Md.* Date signed *9/25/46*

RECEIVED  
SEP 27 1946  
BUREAU V R

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

09284

## CERTIFICATE OF DEATH

Reg. Dist. No. 245

## 1. PLACE OF DEATH:

Somerset

County.....  
City or town.....

Lanesfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Lyda E Bradshaw

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widow

6. (b) Name of husband or wife Andrew J.

7. Birth date of deceased (mo. day yr.) May 3, 1882

8. (c) If alive, give age years

8. AGE: Years Months Days If less than one day  
64 4 23 hrs. min.9. Birthplace Lanesfield  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business House

12. Name George E Walker

13. Birthplace Somerset Co

14. Maiden name Sallie Cattin

15. Birthplace Md

16. Informant Louis E Watsons

Address Marconi Rd Lanesfield, Md

17. Burial Date thereof Sept. 29, 1946  
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Cemetery Ridge

Location Lanesfield

18. Funeral director Howard J. Hendrick

Address 386 Main St Lanesfield, MD

19. Sept. 28 1946 C. E. Collier and

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Lanesfield (If outside city or town limits, write RURAL and give nearest town)

Street No. Brock St. Rd (If rural, give LOCATION)

2.(a) Is veteran, name war None

3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1946 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1945 to Sept 26 1946

and that I last saw her alive on Sept 1946

Immediate cause of death

Myocarditis

DURATION

1 yr -

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

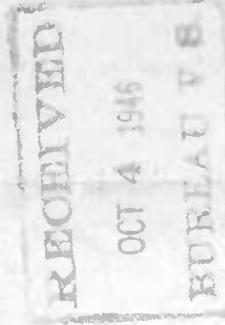
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. M. Peyton M. D. or other

Address Crisfield, Md Date signed Sept 28, 1946



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

09285

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

## 1. PLACE OF DEATH:

County... Somerset  
 City or town... Bear Trapmoke  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

James Cooper  
 4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced  
Unknown  
Unknown  
 6. (b) Name of husband or wife Unknown  
Unknown

7. Birth date of deceased (mo., day, yr.) Dec 39 6. (c) If alive, give age ..... years

8. AGE: Years 39 Months  Days  If less than one day  
hrs. min.

9. Birthplace... Sarasota Florida  
(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business —

12. Name Unknown  
 13. Birthplace Unknown

14. Maiden name Unknown  
 15. Birthplace Army Discharge

16. Informant Army Discharge

Address Burial  
 17. (Burial, cremation, or removal, Which?) Date thereof. Sept 26, 1946  
(month) (day) (year)

Cemetery or crematory Mt Vernon  
 Location Princess Anne Md.

18. Funeral director Charles Dashell  
 Address Princess Anne Md.

19. (Date rec'd by registrar) Sept 26 46 R. D. Johnson M.D.  
for g.d. Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Unknown County...

City or town — (If outside city or town limits, write RURAL and give nearest town)

Street No. — (If rural, give LOCATION)

2.(a) If veteran, name war II

## 3. (b) Social Security Number

225-22-5356

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1946 6(1) P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased 19, 10, 19,

and that I last saw him alive on 19.

## Immediate cause of death

Crushed skull and  
other serious injuries

Due to...

Due to...

## Other conditions...

(Include pregnancy within 8 months of death)

## Major findings of operations...

Date of op.

## Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 9/26/46

Where did injury occur? Route 13 Somerset Md. (City or town) County State

Injured at home, farm, industry, public place (where?) Public place

Means of injury Struck by truck Injured at work? No

23. SIGNATURE Henry M. Lumbard M.D. M. D. or other

Address Princess Anne Md. Date signed 9/25/46

RECEIVED

SEP 27 1946

BUREAU P. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 17-0

09286

## CERTIFICATE OF DEATH

Reg. Dist. No. 333

## 1. PLACE OF DEATH:

County... Somerset+

City or town... Princess Anne  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days

Hospital, Institution, or street address where death occurred: no

How long in hospital or institution? no

## 3. (a) FULL NAME

Thomas Gurry

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

male

Col.

Single

6.(b) Name of husband or wife

Dont know if any  
Same as above

6.(c) If alive, give age

years

7. Birth date of deceased (mo., day, yr.)

March 27 1917

8. AGE:

Years

Months

Days

If less than one day

29

6

4

hrs.

min.

9. Birthplace

Nassau Bahamas, B.W.I.

(Town, county, and state)

10. Usual occupation

Labor

11. Industry or business

Farm

MOTHER FATHER

Unknown

Unknown

Unknown

Unknown

16. Informant

Address

17. Burial Date thereof, Sept 29 1946  
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Houston

Location Salisbury, Md

18. Funeral director

James P. Stewart

Address Salisbury, Md

19. (Date recd by registrar)

19 H. C. Stewart

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Somerset

City or town... Princess Anne  
(If outside city or town limits, write RURAL and give nearest town)

Street No....

(If rural, give LOCATION)

2.(a) If veteran, name war... Don't know

## 3. (b) Social Security Number

Don't know

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27<sup>th</sup> 1946 at 9:10 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 18<sup>th</sup> 1946 to Sept 27<sup>th</sup> 1946and that I last saw h. m. alive on Sept 26<sup>th</sup> 1946

Immediate cause of death

Peptic Ulcer

Due to

DURATION

3-4 months

Due to

Other conditions Perforation of Peptic Ulcer with Sudden hemorrhage  
(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Eileen G. Mawdsley M. D. or other

Address Princess Anne 1946 Date signed 9-28-46

RECEIVED  
OCT 8 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

09287

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

## 1. PLACE OF DEATH:

County.....

Somerset

City or town.....

Princess Anne and Route 2  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

31 years

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

Angella Nutter Haney

4. Sex

Female

5. Color or race

Col

6.(a) Single, married, widowed, or divorced

Married

8.(b) Name of husband

Rey Haney

7. Birth date of deceased (mo., day, yr.)

1915

6.(c) If alive, give age years

8. AGE:

31

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace.....

Somerset Co., Md.

(Town, county, and state)

10. Usual occupation.....

Domestic worker

11. Industry or business

House work

12. Name.....

John Nutter

13. Birthplace

Somerset County and

14. Maiden name.....

Laura Williams

15. Birthplace

Wicomico Co., Md.

16. Informant.....

Edwin Barnes

Address

Princess Anne Route 2, Md.

17. Burial

Date thereof Sept. 7 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Oakland Cemetery

Location.....

Mt. Vernon, Md.

18. Funeral director.....

Edwin Jones

Address

Rt. 2. Princess Anne, Md.

19. Date rec'd by registrar

9/7 1946

(Date rec'd by registrar)

R. H. Johnson, Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County.....

City or town..... Princess Anne  
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Sept 3rd

1946, at 10:50p.m.

21. I CERTIFY that death occurred on the date above stated: That I attended deceased from

March 15th 1946, to Sept 3rd 1946

and that I last saw her alive on Sept 3rd 1946

Immediate cause of death.....

Acute Bronchiac Asthma

3 months

Due to.....

Due to.....

Other conditions.....

Bronchial Asthma 3 years

3 years

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

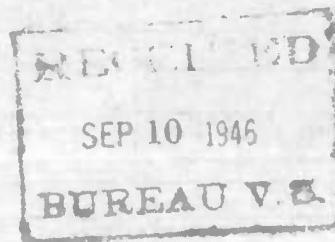
Means of injury

Injured at work?

23. SIGNATURE.....

Eduard G. Maysman M. D. or other

Address..... Princess Anne, Md. Date signed 9/7/46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

09282 65  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County..... BaltimoreCity or town..... Baltimore

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? less than 1 year

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Waniel W. Garrison4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower6.(b) Name of husband or wife The late Nancy L.6.(c) If alive, give age years7. Birth date of deceased (mo., day, yr.) Feb. 15, 18628. AGE: Years 84 Months 7 Days 8 If less than one day hrs. min.9. Birthplace Poplar Island Md  
(Town, county, and state)10. Usual occupation Peter ad Waterman11. Industry or business Say12. Name Wm. W. Garrison13. Birthplace Md14. Maiden name Sallie G. Garrison15. Birthplace Md16. Informant Freelce BellAddress Baltimore Md17. Burial, cremation, or removal, Which? Burial Date thereof 9/25/41  
(month) (day) (year)Cemetery or crematory BryfieldLocation Baltimore Md18. Funeral director Standard MortuariesAddress Baltimore Md19. (Date rec'd by registrar) 9/24/41Signature L. E. Baldwin, Jr.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Baltimore (If outside city or town limits, write RURAL and give nearest town)Street No. Charlottesville Dr. (If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23 194121. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 2 1941 to Sept 19 1941 and that I last saw him alive on September 19 1941Immediate cause of death Hypertension DURATIONTemporary occlusionGeneral Arterio SclerosisDue to HypertensionOther conditions Natural Cause

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE May H. Garrison, M.D. M.D. or otherAddress Bryfield Md Date signed 9-24-41

RECEIVED

OCT 4 1946

BUREAU OF

**M**  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-10)

## CERTIFICATE OF DEATH

09289-261  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County..... Somerset  
City or town..... Rural, Kingston  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

PETER OTIS HUDSON

## 4. Sex

Male

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Married ..

## 8.(b) Name of husband or wife.....

Mattie Jones Hudson

68 years

## 7. Birth date of deceased (mo., day, yr.)

April 30, 1870

## 8. AGE:

76

## Years

Months

Days

If less than one day

hrs. .... min.

## 9. Birthplace.....

Kingston-Somerset-Md.

(Town, county, and state)

## 10. Usual occupation.....

Farmer-Canner

## 11. Industry or business

Farming

## 12. Name.....

Peter Hudson

## 13. Birthplace

Somerset Co., Md.

## 14. Maiden name.....

Mary Landing

## 15. Birthplace

Somerset Co., Md.

## 16. Informant.....

Manuel Hudson

## Address

Kingston, Md.,

## 17. Burial

Date thereof.... Sept 17, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory

Rehobeth Presbyterian Cem

## Location

Rural, Marion, Md.

## 18. Funeral director.....

H. Harvey Bradshaw

## Address

Crisfield, Md.

Sept 21, 1946  
(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Somerset

City or town..... Rural, Kingston  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Sept 15

1946 at 240 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Sept 1 1946 to Sept 15 1946  
and that I last saw him alive on Sept 14 1946

## Immediate cause of death.....

Accid Dec 7 Heart  
WheezingDue to.....  
Chronic hypertensionCause of death.....  
Dust exposure

## Due to.....

Other conditions.....  
Astro nephritis?

(Include pregnancy within 3 months of death)

## Major findings or operations.....

Date of op.....

## Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

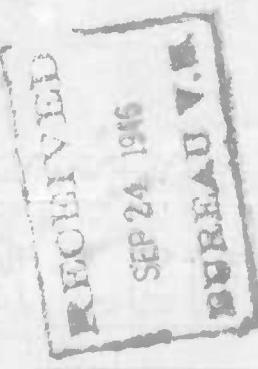
Injured at home, farm, industry, public place (where?) .....

## Means of injury.....

Injured at work?

## 23. SIGNATURE

Supt. O. Coulam M.D.  
M.D. or otherAddress.....  
Name of Dr. or M.D. Date signed.....  
Sept 16, 1946



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

## CERTIFICATE OF DEATH

09290  
Reg. Dist. No. 260

## 1. PLACE OF DEATH:

County... *Somerset*  
 City or town... *Princess Anne Md.*  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

*Jennie Ingersoll*

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

*Female W Widowed*

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

*July 1, 1874*

8. (c) If alive, give age..... years

8. AGE:

Years      Months      Days      If less than one day

*72**—**—**hrs.**min.*

9. Birthplace

*Princess Anne, Somerset, Md.*

(Town, county, and state)

10. Usual occupation

*Housework*

11. Industry or business

12. Name..... *James Smullen*13. Birthplace *Princess Anne Md.*

14. Maiden name.....

*Unknown*

15. Birthplace

*Morris Ward*

16. Informant.....

*Princess Anne, Md.*

Address

17. Burial Date thereof *Sept 14, 1946*

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory

*Allen Cemetery*

Location

*Allan Md.*

18. Funeral director.....

*Charles Dashell*

Address

*Princess Anne, Md.*19. *9/13 1946*

(Date recd by registrar)

Registrar

B. C. B.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... *Md* County... *Somerset*City or town... *Princess Anne Md.*  
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

*None*

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

*Sept 12 1946 at 1A M*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death.....

*Chronic Heart Disease*

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (city, town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

Injured at work?

23. SIGNATURE

*Hugh S. Scamford M.D.*

M. D. or other

Address

*Princess Anne Md.*

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-30

09291

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County.....

Somerset  
Baltimore RFD 2.

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

36 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Malissa E Johnson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F'm Col Widower

8. (b) Name of husband or wife.....

William Johnson

7. Birth date of

deceased (mo., day, yr.)

Aug 9 - 1878

6. (c) If alive, give age..... years

8. AGE:

Years Months Days If less than one day  
76 3 28 hrs. min.

9. Birthplace.....

Baltimore Somerset Co Md

(Town, county, and state)

10. Usual occupation.....

House work

11. Industry or business

12. Name.....

John Sampel

13. Birthplace.....

Accomac Co Va

14. Maiden name.....

Rachel Waites

15. Birthplace.....

Oroloe Md

16. Informant.....

Rachel Jones

Address

Baltimore Md RFD 2.

17. (Burial, cremation, or removal. Which?)

Date thereof..... (month) (day) (year)

Funeral

Cemetery or crematory.....

Hoperswell

Location

Baltimore Md R.F.D. 2.

18. Funeral director.....

Chas H Ward

Address

Marietta

Md

19. (Date rec'd by Agent)

Sept 7 1946

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Somerset

City or town.....

Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept 6

1946 at 10 : 55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 6

1946, 10 Sept 6

and that I last saw him alive on

Sept 6 1946

Immediate cause of death

Cerebral Hemorrhage

DURATION

Answers clear

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? .....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) .....

Means of Injury.....

Injured at work? .....

23. SIGNATURE

S. M. Payton M.D.

M. D. or other

Address.....

Craigmont Rd

Date signed.....

Sept 7 1946

RECORDED

OCT 4 1946

BUREAU V

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

09292  
Reg. Dist. No. 261

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County.....

Moor Station

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 5 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?..... ✓

## 3. (a) FULL NAME

Richard Lloyd

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife.....

✓ Major C. Lloyd

65 years

7. Birth date of deceased (mo., day, yr.)

June 5, 1880.

6. (c) If alive, give age..... 65 years

8. AGE:

Years Months Days If less than one day

66 3 12 hrs. min.

9. Birthplace.....

Newton Tales.

(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

Richard Lloyd

12. Name.....

Richard Lloyd

13. Birthplace.....

Tales

14. Maiden name.....

Not Brown

15. Birthplace.....

Tales

16. Informant.....

Mrs. Richard Lloyd

Address.....

Moor Station, Md. Rat. 3

17. Burial

Date thereof..... 9/19/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

St Paul's Episcopal Church

Location.....

Moor Station, Md.

18. Funeral director.....

The Neil Brown Co.

Address.....

Salisbury, Md.

19. Date rec'd by registrar.....

Sept 21, 46

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

Somerset

City or town.....

Moor Station

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Rural

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

✓

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept. 17 1946 at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1, 1946, to Sept. 17, 1946,

and that I last saw him alive on Sept. 17, 1946.

Immediate cause of death.....

Acute de 7 Head  
injuries

Due to..... General anemia Delus

sions but useless

Due to..... same impossibilities

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE: Doug O'Donnell M.D. or other

Address..... Sept. 18, 1946 Date signed..... Sept. 18, 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

## CERTIFICATE OF DEATH

09293  
Reg. Diat. No. 260

## 1. PLACE OF DEATH:

County.....

City or town.....

Somerset

Oriole

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

57 yrs

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

Julia E Maddox

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Fem Cal

married

6. (b) Name of husband or wife.....

Omar Maddox

6. (c) If alive, give age ..... 58 years

7. Birth date of deceased (mo., day, yr.)

Feb 21; 1889

8. AGE:

Years

Months

Days

If less than one day

57

6

27

.hrs.

min.

9. Birthplace.....

Oriole Somerset Co Md

(Town, county, and state)

10. Usual occupation.....

House work

## 11. Industry or business

12. Name.....

Archia Winters

13. Birthplace.....

Oriole Md.

14. Maiden name.....

Julia Jones

15. Birthplace.....

Venton Md

16. Informant.....

Omar Maddox

Address.....

Oriole Md.

17. Burial.....

Date thereof... Apr 22-1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Oriole Md

Location.....

Oriole Md.

18. Funeral director.....

Chas H Ward

Address.....

Marion Rd

19. Date rec'd by registrar.....

Sept 21, 1946

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md County.....

City or town.....

Oriole

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Sept 20

1946, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 6 1946 1946 Sept 20 1946

and that I last saw her alive on Sept 19 1946

Immediate cause of death.....

Coronary

Shock

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE.....

Frank Matus M.D. M. D. or other

Address..... Princess Anne Date signed 9/21/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-B

09294

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: Somerset  
County.....  
Crisfield  
City or town.....  
(If outside city or town limits, write RURAL and give nearest town)  
25 years  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

Maryland County.....  
Somerset  
Crisfield  
City or town.....  
(If outside city or town limits, write RURAL and give nearest town)  
Paper Street  
Street No.....  
(If rural, give LOCATION)

3. (a) FULL NAME

Martha Miles

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) March 21, 1889

8. AGE:	Years	Months	Days	If less than one day
	57	5	12	hrs. min.

9. Birthplace.....  
(Town, county, and state)  
Crisfield-Somerset-Maryland

10. Usual occupation.....  
Seafood Worker

11. Industry or business.....  
Crabs & Oysters

12. Name.....	Isaac William Miles
13. Birthplace.....	Somerset County, Md.

14. Maiden name.....	Amanda Blake
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15. Birthplace.....	Crisfield, Md.
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16. Informant.....	Blanche Wilson
Address.....	Crisfield, Md.

17. Burial.....	Date thereof..... Sept 26, 1946
(Burial, cremation, or removal. Which?)	(month) (day) (year)

Cemetery or crematory.....	Union Asbury Cemetery
Location.....	Rural, Crisfield, Md.

18. Funeral director.....	H. Harvey Bradshaw
Address.....	Crisfield, Md.

19. (Date rec'd by registrar)	9/25/46	6 E. Collins M.D.
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### MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept 23 1946, 10:15 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 4, 1946, to Sept. 23, 1946, and that I last saw her alive on Sept. 23, 1946.

Immediate cause of death

Chronic myocarthritis  
Chronic nephritis

Duration 9 mos. 9 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

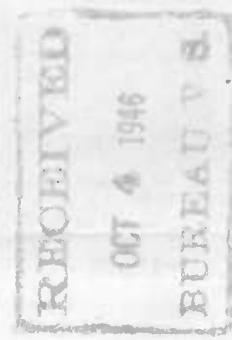
D. M. Peeler, M.D.

M. D. or other

Address

Crisfield, Md.

Date signed Sept. 23, 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 168

0929.5

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

## 1. PLACE OF DEATH:

County

Somerset  
near Princess Anne Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Clarence Mitchell

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male Col Not brown

6.(b) Name of husband or wife

7. Birth date of deceased (mo. day, yr.)

8. (c) If alive, give age years

Not known

8. AGE: Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Not known

(Town, county, and state)

10. Usual occupation

## 11. Industry or business

12. Name

Not known

13. Birthplace

Not known

14. Maiden name

Not known

15. Birthplace

Not known

16. Informant

Elijah Savage

Address

Princess Anne Md

17. Burial

Date thereof 9-30-46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Alves House

Location

Mt Vernon - smol

18. Funeral director

William H. Savage Jr.

Address

Princess Anne Md

19. Date rec'd by registrar

Sept. 30, 1946

19.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept 26

1946, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw h alive on

19...

Immediate cause of death

Fractured skull

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Homicide Date of

Where did injury occur?

Near Princess Anne Md Date (City or town) County State

Injured at home, farm, industry, public place (where?)

Means of Injury Struck by hoe Injured at work

23. SIGNATURE

Henry M. Lauthford M.D. or other

Address

Princess Anne Md

Date signed 9/27/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 172

09296

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: Somerset  
County..... Crisfield  
City or town.....  
(If outside city or town limits, write RURAL and give nearest town) 3 months

How long in above place of death? 3 months

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME Rudolph Owens

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Single

B.(b) Name of husband or wife.....

6.(c) If alive, give age..... years  
7. Birth date of deceased (mo., day, yr.) March 27, 19318. AGE: Years Months Days If less than one day  
15 5 26 ..... hrs. ..... min.9. Birthplace Herrellville-Herrellville-N.C.  
(Town, county, and state)

10. Usual occupation Seafood Worker

11. Industry or business Oyster

12. Name John Thomas Owens

13. Birthplace Herrellville Co. N. C.

14. Maiden name Mary Artis

15. Birthplace Herrellville Co. N. C.

16. Informant Mary Artis

Address Hallwood, Virginia

17. Removal - Burial Date thereof Sept 26, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Private Cemetery

Location Hallwood, Virginia

18. Funeral director H. Harry Brueckman

Address Grapeland Md

19. Date rec'd by registrar 9/24/46

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn Infants give residence of mother)  
State..... Virginia County..... Accomac  
City or town..... Rural, Hallwood  
(If outside city or town limits, write RURAL and give nearest town) near Bideawee, Va.  
Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1946 at 400 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19..... to 19.....

and that I last saw h..... alive on 19.....

Immediate cause of death.....

Died of.....

Accidental

Drowned

Fall in water

from Boat

Other conditions.....

William H. Coulbourne, M.D.

(Include pregnancy within 3 months of death)

Major findings or operations.....

FOR SOUTHERN COUNTY, MD.

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following

Accident, suicide, or homicide. Accident Date of

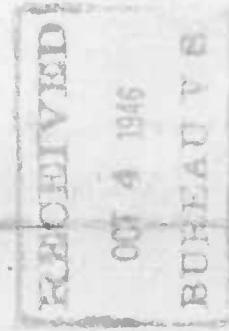
Where did injury occur Crisfield, Somerset Md Date of

Injured at home, farm, industry, public place (where) Hallwood, Somerset Md (City or town) (County) (State)

Harmful Habits, Disease, Injury at work

W. H. Coulbourne M.D. M. or other

Crisfield Md Date signed 9/24/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09297

## CERTIFICATE OF DEATH

Reg. Dist. No.

268

## 1. PLACE OF DEATH:

County

Danes Quarters Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Reflexion

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Daniel J. Shores

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age..... years

April 30th 1881

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Oysterman

11. Industry or business

Waterman

12. Name

MOTHER FATHER

Eugeny Shores

13. Birthplace

Danes Quarters Md

Danes Quarters Md

14. Maiden name

15. Birthplace

Margaret White

Danes Quarters Md

Danes Quarters Md

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

Date thereof..... (month) (day) (year)

Danes Quarters Md

Danes Quarters Md

H. G. Webster

Deals Island Md

Rosa Webster

Registrar

Date signed

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

D.S.B.

County

Danes Quarters

City or town

Danes Quarters

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Sept 16<sup>th</sup> 1946 at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19..... to.....

19.....

and that I last saw h.....alive on.....

19.....

Immediate cause of death.....

chronic nephritis

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury.....

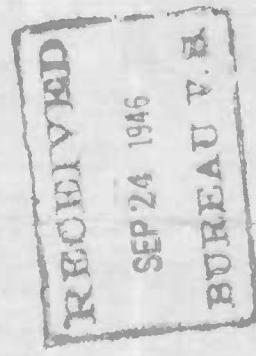
Injured at work?.....

23. SIGNATURE

G. Smith  
Business Agent

M. D. or other

Address..... Date signed.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 332

9449

## CERTIFICATE OF DEATH

Reg. Dist. No. 3690

## 1. PLACE OF DEATH:

County

Somerset  
Oriole Champs

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Mary Anna Shores

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white married Charles Shores

6. (b) Name of husband or wife

6. (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.)

Oct 24, 1870

8. AGE: Years Months Days If less than one day

76 1 27 hrs. min.

9. Birthplace Oriole, Somerset, Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Isaac J. Winslow

12. Name Isaac J. Winslow

13. Birthplace Oriole, Md.

14. Maiden name Susan Ford

15. Birthplace Somerset County

Charles Shores

16. Informant Champs Md.

Address

17. Burial Date thereof Dec 22, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Laurel dyke of Mechanics

Location Oriole, Md.

18. Funeral director Dale Bassett

Address Princess Anne, Md.

19. Date rec'd by registrar Dec 22, 1946 Mrs. S. Bennett

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md. County Somerset

City or town

Oriole Champs

Street No.

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 20, 1946, at 3:00 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 10, 1946, to Dec 19, 1946,

and that I last saw her alive on Dec. 19, 1946.

Immediate cause of death Cerebral Hemorrhage DURATION 2 hours

Due to Cerebral Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

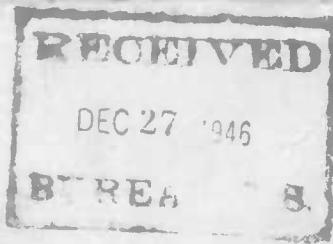
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Morris, M.D.

M. D. or other

Address Princess Anne, Md. Date signed Dec 22, 1946



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

09298

## CERTIFICATE OF DEATH

Reg. Dist. No. 261

## 1. PLACE OF DEATH:

County.....

Somerset

City or town.....

Marion

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

5 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

## 3. (a) FULL NAME

Caleb E. Sterling

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Col

Married

## 6. (b) Name of husband or wife.....

Jennie Sterling

6. (c) If alive, give age..... years

54

## 7. Birth date of deceased (mo., day, yr.)

Aug 27, 1891

## 8. AGE:

Years  
55Months  
0Days  
28

If less than one day

hrs. .... min.

## 9. Birthplace.....

Marion Somerset Co. Md

(Town, county, and state)

## 10. Usual occupation.....

Laborer

## 11. Industry or business

## MOTHER FATHER

Caleb Sterling

Marion Somerset Co.

## 14. Maiden name.....

Jennie Handig

## 15. Birthplace.....

Marion Sta. Somerset Co.

## 16. Informant.....

Annie Sterling

## Address

Marion Sta. Somerset Co. Md

## 17. Burial

Date thereof..... Sept 29, 46

(Burial, cremation, or removal. Which?)

## Cemetery or crematory.....

Branch

## Location.....

Marion Sta. Md.

## 18. Funeral director.....

Chas H. Ward

## Address

Marion Sta. Md

## 19. (Date rec'd by registrar)

Sept 1, 46

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Somerset

City or town.....

Marion

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

world war I

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

213-18-5946

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Sept 27

1946 at 80

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 1, 1946, to Sept 27, 1946

and that I last saw him alive on Sept 20, 1946

## Immediate cause of death.....

Asil Dens Dual  
numuDue to... Clear myocarditis  
Pains and irregularities

Due to... Hernia legue

Other conditions General Arteritis Sclerosis

(Include pregnancy within 3 months of death)

## Major findings of operations.....

Date of op.

## Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury.....

Injured at work?

## 23. SIGNATURE

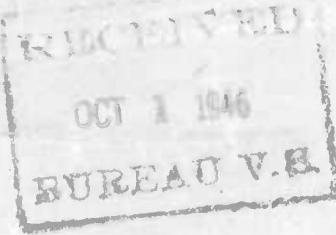
Guy C. Sullivan M.D.

M. D. or other

Address.....

Marion Sta. Md

Date signed..... Sept 29, 46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

## CERTIFICATE OF DEATH

09299265  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County..... Somerset  
 City or town..... Crisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, Institution, or street address where death occurred:

7th Street

How long in hospital or institution?

## 3. (a) FULL NAME

JOHN WILLIAM NELSON TAWES

4. Sex      5. Color or race      6.(a) Single, married, widowed, or divorced

Male      White      Married

5.(b) Name of husband or wife..... Hettie Dize

6.(c) If alive, give age..... 71 years  
7. Birth date of deceased (mo., day, yr.) November 26, 18608. AGE:      Years      Months      Days      If less than one day  
85      10      4      hrs.      min.9. Birthplace..... Crisfield-Somerset-Maryland  
(Town, county, and state)

10. Usual occupation..... Seafood industry

11. Industry or business..... Packer

12. Name..... Edward Tawes

13. Birthplace..... Crisfield, Maryland

14. Maiden name..... Grace Lawson

15. Birthplace..... Crisfield, Maryland

16. Informant..... Edward Tawes

Address..... Crisfield, Maryland

17. Burial..... Date thereof..... Oct. 3, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Crisfield Cemetery

Location..... Crisfield, Maryland

18. Funeral director..... H. Harvey Bradshaw

Address..... Crisfield, Maryland

19. (Date rec'd by registrar) Oct. 2, 1946 C. E. Collier, S.D.  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland      County..... Somerset

City or town..... Crisfield  
(If outside city or town limits, write RURAL and give nearest town)Street No..... 7th Street  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Sept. 30 1946 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1<sup>st</sup> 1946 to Sept. 30 1946  
and that I last saw h..... alive on Oct. 3, 1946

Immediate cause of death..... Acute &amp; chronic bronchitis

DURATION

Due to.....

Due to.....

Other conditions..... Cancer of rectum

3 mos.

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

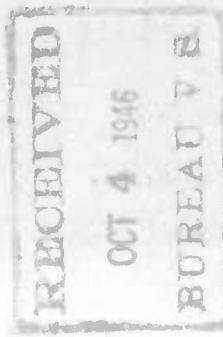
Injured at work?

23. SIGNATURE..... C. E. Collier

M. D. or other

Address..... Crisfield

Date signed..... Oct. 1, 1946



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09300

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County..... Somerset  
 City or town..... Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 34 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Alberta Ruth Taylor

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

8.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) 7 Nov. 17, 1884  
 8. (c) If alive, give age..... years

8. AGE: Years	Months	Days	If less than one day
61	10	11	hrs. min.

9. Birthplace..... Perryhawkin-Somerset Co.  
 (Town, county, and state)

10. Usual occupation..... House wife

## 11. Industry or business

MOTHER FATHER	12. Name..... William Carter
	13. Birthplace..... Somerset County, Md.
	14. Maiden name..... Mary Adams
	15. Birthplace..... Westover, Md.

16. Informant..... Harry Taylor
Address..... Philadelphia, Penna.

17. Burial Date thereof..... Oct. 1, 1946 (Burial, cremation, or removal. Which?)
(month) (day) (year)

Cemetery or crematory..... Mariners Cemetery
Location..... Crisfield, Maryland

18. Funeral director..... H. Harvey Bradshaw
Address..... Crisfield, Maryland

19. (Date rec'd by registrar) 10/1/46
19. (Signature) L. E. Collins, M.D.
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Somerset  
 City or town..... Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... Wards Crossing  
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28 1946, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 21, 1946, to Sept. 28, 1946  
 and that I last saw her alive on Sept. 24, 1946.

Immediate cause of death

Chronic lung condition  
 Hypertension.

Died of

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

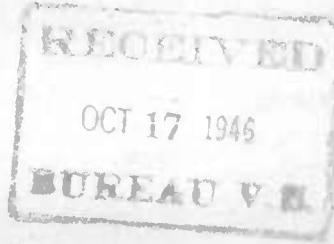
Means of injury

Injured at work?

23. SIGNATURE S. M. Payton, M.D.

M. D. or other

Address Crisfield, Maryland Date signed Oct. 1/46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

## CERTIFICATE OF DEATH

Reg. Dist. No.

09301

260

## 1. PLACE OF DEATH:

County SomersetCity or town Chance

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Hester League

4. Sex

5. Color or race

6.(a) Single, married/widowed, or divorced

Female col. widowed

6.(b) Name of husband or wife

7. Birth date of deceased (mo. day. yr.)

6.(c) If alive, give age years

March 5 1875

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Chance, Somerset, Md.

(Town, county, and state)

10. Usual occupation

housewife

11. Industry or business

12. Name Nathan Reed13. Birthplace Chance, Md.14. Maiden name Sarah Reed15. Birthplace Chance, Md.16. Informant J. F. Thomas

Address

Acomac, Virginia

17. Burial

Date thereof Sept. 15, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Methodist Cemetery

Location

Chance, Maryland

18. Funeral director

J. F. Thomas

Address

Acomac, Virginia

19. Sept. 13 '46

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

SomersetCity or town Chance

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept 13<sup>th</sup> 1946, at 9.00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 15<sup>th</sup> 1946, to Sept. 13<sup>th</sup> 1946and that I last saw her alive on Sept. 10<sup>th</sup> 1946

Immediate cause of death

Cerebral Haemorrhage

Due to

Due to

Other conditions

Hypertension 4 years

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

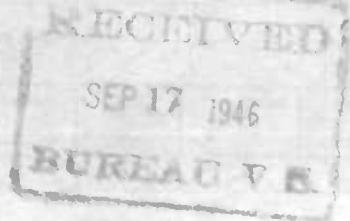
23. SIGNATURE

Ester G. Mayman

M. D. or other

Print. name, and Date signed

9.13.46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 35

09302

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County ..... Somerset

City or town ..... Crisfield

(If outside city or town limits, write RURAL and give nearest town)

17 years

How long in above place of death?

Hospital, institution, or street address where death occurred: 136 South Fuorth Street

47

How long in hospital or institution?

## 3. (a) FULL NAME

Albert Wilkins

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Jeanette Wilkins

7. Birth date of deceased (mo., day, yr.) July 16, 1904 6.(c) If alive, give age 39 years

8. AGE: Years Months Days If less than one day  
42 1 23 hrs. min.9. Birthplace Eastville-North Hampton-Va.  
(Town, county, and state)

10. Usual occupation Sea Food Laborer

11. Industry or business Oyster Packing House

12. Name Alfred Wilkins

13. Birthplace North Hampton County, Va.

14. Maiden name Sarah Bailey

15. Birthplace North Hampton County, Va.

16. Informant Willie Wilkins

Address Crisfield, Maryland

17. Burial Date thereof Sept. 12 1946  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Wayman Cemetery

Location Marion, Maryland

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. (Date rec'd by registrar) Sept 19 1946 G. E. L. L. M. A. Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield (If outside city or town limits, write RURAL and give nearest town)

Street No. 136 South Fuorth Street (If rural, give LOCATION) 47

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 9 1946 1:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Never attended

and that I last saw him alive on

Immediate cause of death Organized Heart

DURATION

Due to Acute Cardiac

Exsudate,

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. 1

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Natural cause

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) no

Means of injury Injured at work?

Signature G. E. L. L. M. A. Registrar

M. D. or other

Address Crisfield, Md. Date signed Sept. 10 1946

RECEIVED  
OCT 4 1968  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-6

## CERTIFICATE OF DEATH

Reg. Dist. No. 268

## 1. PLACE OF DEATH:

County SomersetCity or town Princess Anne Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Lafiat Whitelock

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

MWMarried6.(b) Name of husband or wife Olive Whitelock6.(c) If alive, give age 74 years

7. Birth date of deceased (mo. day, yr.)

October 2, 1869

8. AGE: Years

Months

Days

If less than one day

761130

hrs.

min.

9. Birthplace Princess Anne, Somerset, Md.

(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

12. Name James Whitelock13. Birthplace Princess Anne Md.14. Maiden name Unknown

15. Birthplace

16. Informant Mrs. James WhitelockAddress Princess Anne Md.17. Burial Cemetery

(Burial, cremation, or removal. Which?)

Date thereof Oct 2, 1946

(month) (day) (year)

Cemetery or crematory Princess AnneLocation Princess Anne Md.18. Funeral director Dale D. AshwellAddress Princess Anne Md.19. Cert. 1st Rosa Webster

19. 146

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

SomersetCity or town Princess Anne Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept 30

19 46 at 1100 P.M.

21. I CERTIFY that death occurred on the date above stated; that Laftond deceased from

Sept 21 19 46 to Oct 2, 1946and that I last saw him alive on Sept 29 19 46

Immediate cause of death

Arterial Thrombosis DURATION 1 weekDue to generalized Artherosclerosis

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work? .....

23. SIGNATURE Frank Martin Jr.

M. D. or other

Address Princess Anne Date signed Oct 11 1946

